

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morrisum
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAY -1 AM 11:23****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # P93000056645 (3)**

1. Corporation Name

C.S.M. ALLIANCES INCORPORATED

Principal Place of Business

**ROUTE 17, BOX 707
LAKE CITY FL 32055**

Mailing Address

**ROUTE 17, BOX 707
LAKE CITY FL 32055**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/12/1993

3a. Date of Last Report

05/31/1994

4. FEI Number

59-3201884

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21 Rt 17 Box 707

2a. Mailing Address

26 Rt 17 Box 707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 32025**25****29 32025****30**

9. Name and Address of Current Registered Agent

**STE-MARIE, NICOLE
ROUTE 17, BOX 707
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

Rt 17 Box 707

B3

B4 City

Lake City**FL**

B5 Zip Code

32025

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STE-MARIE, NICOLE
STREET ADDRESS	ROUTE 17, BOX 707
CITY - ST - ZIP	LAKE CITY FL 32055
TITLE	D
NAME	STE-MARIE, CLAUDE
STREET ADDRESS	ROUTE 17, BOX 707
CITY - ST - ZIP	LAKE CITY FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on this attachment with an address.

SIGNATURE:

Nicole Ste Marie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name